## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title: Fill Info For

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: IMAGE RECORDING APPARATUS AND METHOD

| Fill in Appropriate  | the specification of which  |           |                        | ω,               |   |                    | as          |  |  |
|--|---|-----------|------------------------|------------------|---|--------------------|-------------|--|--|
| Information -<br>For Use Without   | the specification was filed on  |           |                        |                  |   |                    |             |  |  |
| Specification  | and amended on (if applicable) and/or   |           |                        |                  |   |                    | and/or      |  |  |
| Attached:  | the specification wa  | as PCT    |                        |                  |   |                    |             |  |  |
|  | International Applic  | ; and was |                        |                  |   |                    |             |  |  |
|  |   |           |                        |                  |   |                    |             |  |  |
|  | I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal  |           |                        |                  |   |                    |             |  |  |
| 101111111111111111111111111111111111111  | Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention the control or described in any printed publication in any country before my or our invention therefore more than one the control of the same was not in public use or on sale in the United States of America more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America and an application filled by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application application or inventor's certificate on this invention has been filled in any country foreign to the United States of America pair to this application by me or my legal priority benefits under filled \$2. United States Code, \$\$S\$[19](a)(d) or any foreign application(e) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate and application on which priority is claimed.  |           |                        |                  |   |                    |             |  |  |
| TU.  | Prior Foreign Application(s)  |           |                        | Priority Claimed |   |                    |             |  |  |
| Insert Priority  | -   |           |                        | April 24, 2000   |   | F24 F7             |             |  |  |
| Information:   | No. 2000-122917   | Japan     |                        | (Month/Day/      |   | [x]<br>Yes         | No          |  |  |
| (if appropriate)   | (Number)  | (Country) |                        | (Month/Day/      | rear riieu)                             |                    |             |  |  |
| Enter State of the | (Number)  | (Country) |                        | (Month/Day/      | Year Filed)                             | Yes                | No          |  |  |
|  | (Number)  | (Country) |                        | (Month/Day/      | Year Filed)                             | Yes                | No          |  |  |
|  | (Number)  | (Country) |                        | (Month/Day/      | Year Filed)                             | ☐<br>Yes           | □<br>No     |  |  |
|  | I hereby claim the benef  |           | United States Code, §1 |                  |   | applications(s) li | sted below. |  |  |
| Insert Provisional<br>Application(s):<br>(if any)  | (Application Number)  |           |                        | (Filing Da       | te)                                     |                    |             |  |  |
|  | (Application Number)  |           |                        | (Filing Date)    |   |                    |             |  |  |
|  | All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:   |           |                        |                  |   |                    |             |  |  |
|  | Country   |           | Application Number     |                  | Date of Filing (Mor                     | ith/Day/Year)      |             |  |  |
| Insert Requested<br>Information:<br>(if appropriate)   |   |           |                        |                  |   |                    |             |  |  |
|  | I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and for PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manuser provided by the first paragraph of 11 to 12 to 13 to 13 to 13 to 13 to 13 to 14 to 15 to 1 |           |                        |                  |   |                    |             |  |  |
| Insert Prior U.S.<br>Application(s):<br>(if any)   | (Application Number)  |           | (Filing Date)          |                  | (Status - patented, pending, abandoned) |                    |             |  |  |
| Page 1 of 2  | (Application Number)  | -         | (Filing Date)          |                  | (Status - patented,                     | pending, abando    | ned)        |  |  |
|  |   |           |                        |                  |   |                    |             |  |  |

## Attorney Docket No.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

| Raymond C. Stewart<br>Joseph A. Kolasch<br>Bernard L. Sweeney<br>Charles Gorenstein<br>Leonard R. Swenson<br>Andrew D. Meikle<br>Joe McKinney Muncy<br>John W. Bailey<br>Gary D. Yacura | (Reg. No. 21,066)<br>(Reg. No. 22,463)<br>(Reg. No. 22,448)<br>(Reg. No. 29,271)<br>(Reg. No. 30,330)<br>(Reg. No. 32,868)<br>(Reg. No. 32,834)<br>(Reg. No. 32,881)<br>(Reg. No. 35,416) | Terrell C. Birch<br>James M. Slattery<br>Michael K. Mutter<br>Gerald M. Murphy, Jr.<br>Terry L. Clark<br>Marc S. Weiner<br>Donald J. Daley<br>John A. Castellano | (Reg. No. 19,382)<br>(Reg. No. 28,380)<br>(Reg. No. 29,680)<br>(Reg. No. 28,977)<br>(Reg. No. 32,644)<br>(Reg. No. 32,181)<br>(Reg. No. 34,313)<br>(Reg. No. 35,094) |
|---|---|--|--|
|---|---|--|--|

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

r Customer No. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

Telephone. (700) 200-0000 Tuconnic. (700) 200-000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE                 |            | DATE*        |  |  |  |  |  |
|---|--------------------------------------|------------|--------------|--|--|--|--|--|
| Naoki KUBO  | Naoki Kubo                           |            | Apr. 2, 2001 |  |  |  |  |  |
| Residence (City, State & Country) CITIZENSHIP                                 |                                      |            |              |  |  |  |  |  |
| Asaka-shi, Saitama, Japa  | n Japane                             |            | ese          |  |  |  |  |  |
| POST OFFICE ADDRESS (Complete Street Address including City, State & Country) |                                      |            |              |  |  |  |  |  |
| 11-46, Senzui 3-chome, Asaka-shi, Saitama, Japan                              |                                      |            |              |  |  |  |  |  |
|   |                                      | , bapan    | DATE*        |  |  |  |  |  |
| GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE                 |            | DATE         |  |  |  |  |  |
|   |                                      |            |              |  |  |  |  |  |
| Residence (City, State & Country)   |                                      | CITIZENSHI | ,            |  |  |  |  |  |
|   |                                      |            |              |  |  |  |  |  |
| POST OFFICE ADDRESS (Complete Street Addr                                     | ess including City, State & Country  | )          |              |  |  |  |  |  |
|   |                                      |            |              |  |  |  |  |  |
|   | INVENTOR'S SIGNATURE                 |            | DATE*        |  |  |  |  |  |
| GIVEN NAME/FAMILY NAME  | INVENTORSSIGNATORE                   |            |              |  |  |  |  |  |
|   |                                      | CITIZENSHI | D            |  |  |  |  |  |
| Residence (City, State & Country)   |                                      |            |              |  |  |  |  |  |
|   |                                      |            |              |  |  |  |  |  |
| POST OFFICE ADDRESS (Complete Street Add                                      | ress including City, State & Country | )          |              |  |  |  |  |  |
|   |                                      |            |              |  |  |  |  |  |
| GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE                 |            | DATE*        |  |  |  |  |  |
| GIVEN IVANIE) PANIET TURBE  |                                      |            |              |  |  |  |  |  |
| Residence (City, State & Country)   |                                      | CITIZENSH  | IP           |  |  |  |  |  |
| Residence (City, State & Country)   |                                      |            |              |  |  |  |  |  |
| Che Chale & Country   |                                      |            |              |  |  |  |  |  |
| POST OFFICE ADDRESS (Complete Street Address including City, State & Country) |                                      |            |              |  |  |  |  |  |
|   |                                      |            |              |  |  |  |  |  |
|   |                                      |            |              |  |  |  |  |  |

Page 2 of 2 (Rev. 04/08/2000)

PLEASE NOTE:

ull Name of Second Investor, if any:

Full Name of Third Inventor, if any:

Full Name of Fourth Inventor, if any: see above

YOU MUST COMPLETE THE ... FOLLOWING:

<sup>\*</sup>DATE OF SIGNATURE